

This student is being treated for a seizure disorder.  
 The information below should assist you if a seizure occurs during school hours.

Student's Name _____	Date of Birth _____
Parent/Guardian _____	Phone _____ Cell _____
Other Emergency Contact _____	Phone _____ Cell _____
Treating Physician _____	Phone _____
Significant medical history _____	

### Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs \_\_\_\_\_ Student's reaction to seizure(s) \_\_\_\_\_

### Basic First Aid: Care & Comfort

Please describe basic first aid procedures \_\_\_\_\_

Does student need to leave the classroom after a seizure?  Yes  No

If YES, describe process for returning student to classroom \_\_\_\_\_

**Basic Seizure First Aid**

Stay calm & track time

Keep child safe

Do not restrain

Do not put anything in mouth

Stay with child until fully conscious

Record seizure in log

**For tonic-clonic (grand mal) seizure:**

Protect head

Keep airway open/watch breathing

Turn child on side

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**A seizure is generally considered an emergency when:**

Convulsive (tonic-clonic) seizure lasts longer than 5 minutes

Student has repeated seizures without regaining consciousness

Student is injured or has diabetes

Student has a first-time seizure

Student has breathing difficulties

Student has a seizure in water

### Emergency Response

A "seizure emergency" for this student is defined as: \_\_\_\_\_

#### Seizure Emergency Protocol

(Check all that apply and clarify below)

- Contact school nurse at \_\_\_\_\_
- Call 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other \_\_\_\_\_

### Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator  Yes  No If YES, describe magnet use \_\_\_\_\_

### Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

\_\_\_\_\_

\_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_